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INTERVIEWING SKILLS AND FIELD PLACEMENT TRAINING OF U.S. ARMY M--ETC(U)
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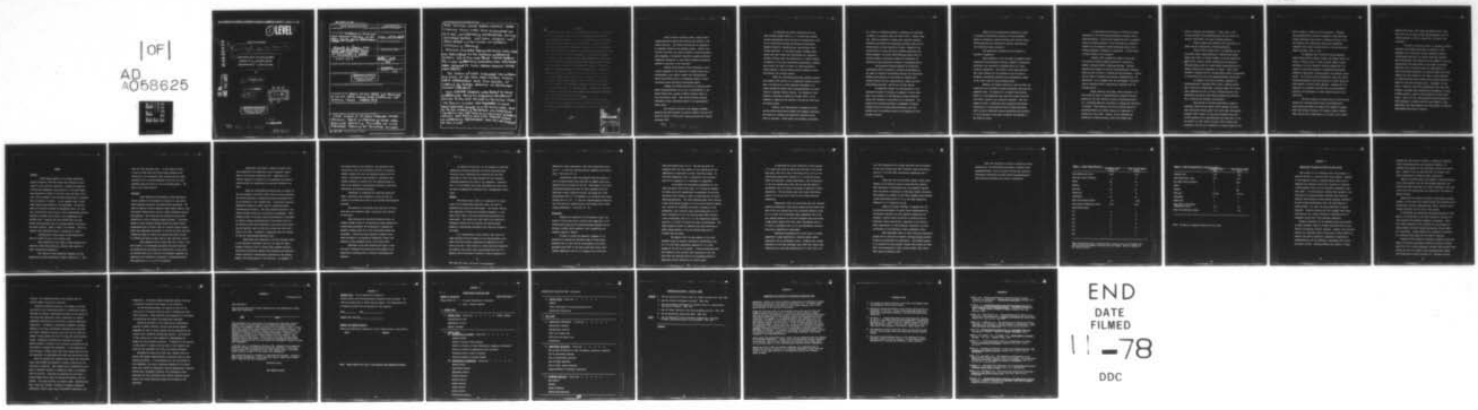

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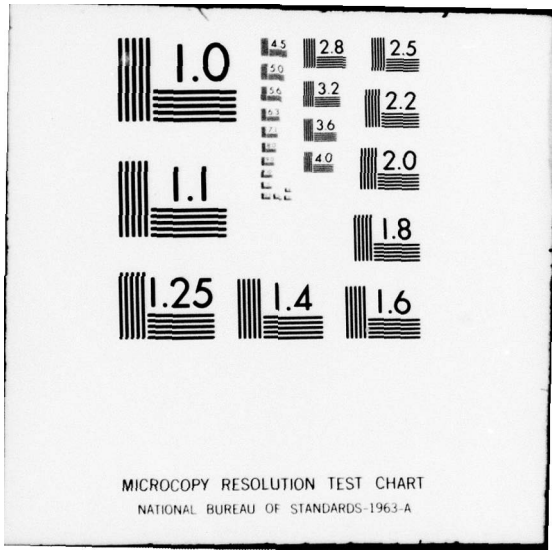
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(1) LEVEL II

SOCIAL WORK RESEARCH

(9) Final rept. Sep 77 - Mar 78,

(6) INTERVIEWING SKILLS AND FIELD PLACEMENT TRAINING OF U.S. ARMY MENTAL HEALTH PARAPROFESSIONALS - A FOLLOW-UP STUDY.

By

(10) Joseph Di Paolo

(11) 12 April 1978

(12) 36 p.

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SECURITY CLASSIFICATION OF THIS PAGE *(When Data Entered)*

REPORT DOCUMENTATION PAGE	READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER / 2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER
4. TITLE *(and Subtitle)* INTERVIEWING SKILLS AND FIELD PLACEMENT TRAINING OF U.S. ARMY MENTAL HEALTH PARAPROFESSIONALS - FOLLOW UP STUDY.	5. TYPE OF REPORT & PERIOD COVERED: FINAL SEP 77 - MAR 78 6. PERFORMING ORG. REPORT NUMBER
7. AUTHOR(s): JOSEPH DI PAOLO, MSW	8. CONTRACT OR GRANT NUMBER(s)
9. PERFORMING ORGANIZATION NAME AND ADDRESS: SOCIAL WORK/PSYCHOLOGY BRANCH BEHAVIORAL SCIENCE DIV, IAHS FT SAM HOUSTON, TX 78234	10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
11. CONTROLLING OFFICE NAME AND ADDRESS: SAME AS 9	12. REPORT DATE: APRIL 1978 13. NUMBER OF PAGES: 32
14. MONITORING AGENCY NAME & ADDRESS *(if different from Controlling Office)*	15. SECURITY CLASS. *(of this report)*: UNCLASS 15a. DECLASSIFICATION/DOWNGRADING SCHEDULE: NA
16. DISTRIBUTION STATEMENT *(of this Report)*: DISTRIBUTION STATEMENT A Approved for public release; Distribution Unlimited	
17. DISTRIBUTION STATEMENT *(of the abstract entered in Block 20, if different from Report)*	
18. SUPPLEMENTARY NOTES: PARTS OF THIS PAPER WAS PRESENTED AT THE U.S. ARMY SOCIAL WORK SYMPOSIUM, SAN ANTONIO, TEXAS MARCH 1978	
19. KEY WORDS *(Continue on reverse side if necessary and identify by block number)*	
20. ABSTRACT *(Continue on reverse side if necessary and identify by block number)*: STUDY INVOLVES 35 U.S. ARMY BEHAVIORAL SCIENCE SPECIALISTS. THEIR INTERVIEWING SKILLS WERE ASSESSED FOLLOWING TWO WEEKS OF FIELD PLACEMENT TRAINING AT SELECTED MILITARY	

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AND CIVILIAN SOCIAL SERVICE AGENCIES. INTERVIEWING SKILLS WERE ALSO EVALUATED IN A FINAL INTERVIEWING EXAMINATION UTILIZING UNBIASED RATERS FOR THOSE STUDENTS WHO PARTICIPATED IN TWO WEEKS OF INTENSIVE INTERVIEWING TRAINING.

RESULTS INDICATED THAT IN THE INITIAL STUDY, STUDENTS WHO PARTICIPATED IN THE INTENSIVE INTERVIEWING EXERCISE FOR A TWO week PERIOD SCORED HIGHER ON THE FINAL INTERVIEWING EXAMINATION THAN THOSE STUDENTS ~~who~~ ASSIGNED TO SOCIAL SERVICES AGENCIES FOR THE SAME PERIOD.

THE FOLLOW UP STUDY EVALUATED THE INTERVIEWING SKILLS OF THE SAME SAME STUDENTS FOLLOWING THEIR GRADUATION AND TWO MONTHS OF WORKING IN ACTUAL AGENCIES AS BEHAVIORAL SCIENCE SPECIALISTS.

THE FORMER STUDENTS WERE RATED BY THEIR SUPERVISORS USING AN EVALUATION INSTRUMENT SIMILAR TO THE ONE UTILIZED IN THE INITIAL STUDY. THE RESULTS INDICATE THAT REGARDLESS OF WHICH GROUP GRADUATES BELONGED TO IN THE INITIAL STUDY, THEIR ON-THE-JOB INTERVIEWING PERFORMANCE WAS RATED EQUAL. THE RESULTS SHOW THAT THERE IS NO SIGNIFICANT DIFFERENCE BETWEEN ROLE PLAYING AND FIELD PLACEMENT MEMBERS IN INTERVIEWING PERFORMANCE ONCE THEY GET ASSIGNED TO THE FIELD.

ABSTRACT

This follow-up study reviews the procedures and findings of the initial study which concluded that the use of simulations when compared to field placement practicum is a much more effective device for training Mental Health Paraprofessionals in interviewing. However since the study was conducted in an "artificial" environment, it was emphasized that the true measure of a student's interviewing proficiency must come from actual interviews with real clients in an on-the-job situation. The follow-up study hypothesized that those graduates who participated in field placement as students would be rated higher by their supervisors than those graduates who participated in intensive interviewing practicum as student members of the role playing group. Interviewing evaluation forms with instructions were mailed to 38 supervisors of the course graduates after they had been in their jobs for at least two months. After data was received from supervisors, scores were recorded according to the graduates membership (either role playing or field placement group) in the Pilot Study. A t-test was then used to determine which group was rated higher by job supervisors concerning the on-the-job interviewing performance.

Based on 42% responses, the results of the follow-up study indicate that there is no significant difference between role playing and field placement members in interviewing performance once they get assigned to the field.

One of the most important tasks a mental health paraprofessional performs when working with clients is the intake interview. The intake interview may be regarded as an essential element in the helping process. Without this critical interview, one would be unable to collect pertinent data regarding a "presented" situation or gather sufficient background information to even explore possible alternative methods or solutions to the situation.

Because interviewing or data collecting is such a crucial component in the repertoire of mental health paraprofessionals, most schools tasked with training mental health interviewers devote a considerable amount of their curriculum toward developing interviewing skills.

Perhaps the leading institution in training mental health paraprofessionals in the art of interviewing is the United States Army, Academy of Health Sciences (Note 1), Fort Sam Houston, Texas. This school has been training behavioral science specialists (Note 2) for approximately thirty years.

The training utilized by the Academy of Health Sciences has been described in previous studies (Di Paolo 1977 (Note 3); Garber & O'Brien 1977; Nolan and Cooke 1970; Rooney and Mason 1952).

In reviewing the course curriculum of the ten week training program (Note 4), it is noted that students receive approximately forty-six hours of instructions in the art of interviewing through the following instructional methods: didactics, demonstrations, and practical interviewing exercises. In the latter method, students alternately role play clients and interviewers in a simulated clinical setting, under the supervision of a faculty member. In addition to the above interviewing instructions, students also receive two weeks (72 hours) of field practicum by being assigned to various social services agencies in both the military and civilian sectors.

While the interviewing practical exercises provide the students with practice in a "simulated" clinical environment, the objective of field placement experience is to expose prospective mental health paraprofessionals to actual cases in a genuine clinical setting. The function of such exposure, according to Garber and O'Brien (1977), is for students to experience the reality of the job for which they are being trained.

However, this "experiential" training has raised serious doubts among faculty members and students concerning the quality of training and supervision trainees receive while on placement. These doubts and problems, encountered

as a result of assigning students to agencies, are described in detail in a previous study (Di Paolo, 1977). Briefly these are: While on placement, students have reported receiving inadequate supervision and performing unrelated tasks such as fitting shoes, sorting clothes and typing. Because of the serious nature of these and other problems associated with field placement, the Social Work/Psychology Branch (Note 5) actively sought an alternative method for developing the behavioral science specialist students' interviewing skills.

The alternative method employed for developing interviewing skills consisted of students participating in two weeks of intensive interviewing exercise via simulations. Students participating in this method of training were trained through lectures, demonstrations, films, practical interviewing exercises, and the use of video taping.

To adequately examine the effectiveness of this alternative method of training, as compared to field placement, forty students in the behavioral science specialist course were selected to participate in an evaluation. The subjects were matched according to demographic variables, academic scores and interviewing performance, and then divided into two equivalent groups (role playing and field placement groups).

While the role playing group underwent two weeks of intensive interviewing training, the field placement group was assigned to selected military and civilian social service agencies that provided the greatest opportunities for conducting intake interviews.

The operational procedures for both groups is included in Appendix A.

Upon completion of the two weeks of intensive interviewing and field placement training, students' interviewing proficiency was evaluated by unbiased raters in a final interview examination. The results of the study indicated that those students who participated in the two weeks of intensive interviewing training scored significantly higher on the "test" than the field placement group.

However, this author pointed out that the study was conducted in an artificial training environment involving only simulated cases. The measure of a student's interviewing ability, it was emphasized, must come from actual interviews with "real" clients in an on-the-job situation. With this premise in mind, a follow-up study concerning interviewing proficiency of course graduates while actually performing their duties as behavioral science specialists was initiated. It is the purpose of this paper to present the findings of the follow-up study.

In researching the literature for follow-up studies pertaining to the interviewing performance of mental health paraprofessionals following their graduation from a recognized course or training program, it was found that the literature reveals very few adequate studies evaluating student interviewing performance subsequent to graduation. A brief review of these studies is now presented.

Sturges (1973) assessed the impact of two weeks of inservice training programs provided for eligibility workers in Kentucky Public Assistance Offices. Training sessions were designed to develop interviewing and counseling skills as well as skills in problem solving techniques. Following two weeks of classroom instructions, demonstrations, and simulations, it was concluded that the participants' interviewing and counseling skills significantly improved after the training period.

Hasse, DiMattia and Guttman (1970) conducted a one year follow-up study of paraprofessional trainees following graduation, who were trained in various interviewing skills, i.e., attending behaviors, expression of feeling and reflection of feeling. "They observed that both non-verbal aspects of attending behavior and verbal construct of expression of feeling were still high. However, verbal following and reflection of feeling ratings, while still higher than

prior to training, had regressed." (Ivey, 1971, p 117). It was concluded that paraprofessionals did not receive on-the-job reinforcement for these listening behaviors.

Recent studies have indicated that the majority of skills decline significantly following graduation.

Conter (1978) reveals that it is important for the new mental health paraprofessional to develop self-reliant skills since there is usually minimal on-the-job supervision. Meyer (1978) presents similar findings and has proposed a self-supervisory model for mental health paraprofessionals to enhance retention and improvement of skills. Moore (1974) provides a detailed plan for training mental health professionals to work effectively with their paraprofessional counterparts.

An example of this plan includes: assessing the paraprofessional's beginning skill levels, teaching him/her how to make use of supervision, necessary skills for successfully completing the job, as well as helping him deal with ambivalence and anxiety about being evaluated and assisting him to identify and eliminate overextension.

This process of training supervisors of paraprofessionals within and for mental health agencies will hopefully facilitate trainee growth and further skill development. Reissman (1967) stated, "It has become axiomatic that most of the training of the nonprofessional will take place on the job itself" (p. 105). Nolan and Cooke (1970), believe that training on the job can be expedited if skills required on the

job are taught in advance of field placement. "Feedback from questionnaires returned by graduates of The Behavioral Science Specialist Course after a minimum of 30 days on the job indicates that specialists quickly and confidently transpose their course acquired skills to the job situation." (Nolan and Cooke, 1970, p. 119).

In examining other follow-up studies regarding mental health workers, Magoon, Golann, and Freeman (1969) conducted a follow-up study of eight selected female students following a two year intensive training program which consisted of course work seminars in personality development, problems of adolescents, psychopathology, and casework presentation. The follow-up study encompassed a three year period following graduation involving evaluation of these females as staff members of mental health agencies. Compared with new therapists or counselors starting their first professional position, the performance of these students was rated very positively.

The above studies are insufficient to allow accurate predictions concerning mental health paraprofessionals' interviewing performance following their graduation program. While some studies (Sturges, 1973; Magoon, Golann, Freeman, 1969) indicate skill improvement in the field, other studies

(Meyer 1978; Conter, 1978; Hasse and DiMattia 1970) imply that since the new mental health paraprofessional does not receive adequate on-the-job supervision, his skills tend to decline.

In order to assess the impact of training utilizing intensive interviewing practicums, as opposed to field placement upon a behavioral science specialist student's interviewing proficiency, an initial study was conducted which hypothesized that students who were members of the role playing group (and participated in two weeks of intensive simulated client interviews) would be rated higher on a final interviewing examination by unbiased raters than those students who were assigned to two weeks of field placement at selected military and civilian social services agencies as members of the field placement group. Subsequent to this study, a follow-up study which hypothesized that these same students, following their graduation and assumption of actual clinical practice, would be rated similarly by their supervisors. That is to say, those graduates who participated in field placement as students would be rated higher by their supervisors than those graduates who participated in intensive interviewing practicums as students.

METHOD

Subject

Thirty-eight graduates of the Army's Behavioral Science Specialist (MOS 91G) Course were selected to participate in this follow-up experiment. Because the selection criteria and demographic characteristics of the participants were described in detail in the pilot study (Di Paolo, 1977), only a brief synopsis of the selection method will be presented for the purposes of clarity. In the original study, thirty-eight students participated in the experiment. The participants were matched according to educational level, sex, age, race, interviewing scores based on three interviewing practical exercises, academic scores based on two examinations and military rank. Students were then divided into two equal groups (field placement and role playing groups) according to the above criteria. Refer to Table 1 for details. (Note two students were disenrolled prior to completion of study.)

Statistically, neither group varied significantly from one another on any of the criteria used.

Upon completion of two weeks of field placement and intensive interviewing exercises, students were tested on a final interviewing examination.

The results of that examination indicate the role playing group scored significantly higher ($t(36)=2.16$ P .025)

than the field placement group. In the follow-up study, it must be noted that while thirty-eight graduates were selected for this experiment, data received from the field pertained only to sixteen individuals (nine for the field placement group and seven for the role playing group). See Table 2 for further details.

Procedure

Upon completing the Behavioral Science Specialist Course, graduates were assigned to various U.S. Army mental health agencies throughout the United States and Europe. The types of agencies include community mental health centers, drug and alcohol rehabilitation centers, family assistance agencies and hospitals - both inpatient and outpatient services with psychiatric as well as medical-surgical patients. Performing duties in these clinical settings exposes the mental health paraprofessionals to actual cases in a genuine clinical agency where they experience the reality of the job for which they were trained and begin to utilize the concepts and skills learned as students and begin to apply them in their work with clients.

After graduates were in their jobs for at least a two-month period, an interviewing evaluation form and directions for completing the instrument were mailed with a cover letter and personal data form to each of the graduates' immediate job supervisors for evaluation of graduates' interviewing skills. (See appendices B, C, D, and E for details).

Supervisors were asked to observe an intake interview conducted by the behavioral science specialist identified in the interview evaluation form. Supervisors were further requested to indicate on the evaluation form whether another method for completing the evaluation instrument was used.

While the interviewing evaluation form is similar to the one utilized in the pilot study, there are some exceptions. The rater's indication of evaluation method as described above is one exception to the original form. In the pilot study the observation method was solely used for evaluating student interviewing proficiency. The other exception pertains to the overall average rating of an interviewer's performance. While unbiased raters in the pilot study were instructed to determine an overall average interviewing score, the overall score for the follow-up study was determined by this writer after verifying the numerical score in the three content and three skill areas of the form. In addition, supervisors were not required to sign the interviewing evaluation sheet.

Supervisors were instructed to use the five-point scale on the evaluation instrument (with one (1) being the highest possible rating and five (5) being lowest possible rating by circling the appropriate number) when evaluating the behavioral science specialist's interviewing proficiency in the opening, middle, and closing phases of the interview. For example, in

the opening phase of the interview, the supervisors were instructed to rate the interviewer's ability to introduce himself, explain his role, and establish rapport with the client. Utilizing the same procedures, supervisors were further requested to evaluate the two remaining phases as well as the graduates' interviewing techniques, questioning techniques, and attending behaviors.

Subsequent to completing the interview evaluation sheet, supervisors were requested to return the form to include the personal data sheet in the provided self-addressed envelope.

The purpose of the personal data sheet was to determine rank, job speciality (MOS), and current duty position of the rater.

Upon receiving the interview evaluation forms, an overall average rating of the behavioral science specialist's interviewing performance was determined by averaging all specific ratings called for on the interviewing evaluation instrument. Scores were then recorded on separate score sheet according to the graduate's membership (either role playing or field placement group) in the pilot study.

Individual scores were tabulated and then a t-test was used to determine which group was rated higher by job supervisors concerning their on-the-job interviewing performance.

It should be noted that, for the purposes of comparing evaluations following graduation with those obtained during the pilot study, information was extracted from the pilot study data so that only those students who were evaluated following graduation were used in the comparison. Therefore, the n of 16 reflects only those individuals for which there are both a pregraduation evaluation and a postgraduation evaluation.

Results

The overall score, which is a composite of the major areas on the interviewing evaluation sheet, was used to determine which group was rated higher. The results indicate that regardless of which group graduates belonged to in the pilot study, their on-the-job interviewing performance was rated equal. The results show that there is no significant difference between the role playing and field placement members in interviewing performance once they get assigned to the field.

It is interesting to note, however, that scores for those graduates who were members of the field placement group while they were students, significantly improved once they "got on the job." When tested in a final interview examination as students, this group's mean interviewing score was 3.0.* However, after two months of working in their assignments as

*The lower the score, the better the performance.

behavioral science specialists, their mean interviewing score was 1.7. A t-test for related measures indicated this imrpovement, $T(8)=3.48$, $P < .01$.

Interviewing scores for graduates who were members of the role playing group while they were in student status also improved after two months on the job. When tested on the final interviewing examination prior to their graduation from the behavioral science specialist course, this group had a mean interviewing score of 2.33 compared to an on-the-job mean interviewing score of 1.87. A t-test for related measures indicates that this group was demonstrating a trend toward better interviewing performance. $t(6)=1.86$, $P < .20$.

Discussion

Although the population of both groups is small, the results of this study seem to indicate that regardless of the training mode used, once the paraprofessionals graduate and are working in mental health agencies, their interviewing performance appears to improve.

In order to verify the graduates' progress, it is noteworthy to examine the variables common to both groups. Graduates over 24 years old who were members of the field placement group (N=3) in the pilot study had a final interviewing examination score of 2.3 compared to an on-the-job

mean interviewing score of 1.8. The same age group for graduates (N=3) who were members of role playing group also experienced an improvement in their interview ratings. On the final examination prior to graduation, they attained a score of 2.3 compared to 1.2 subsequent to graduation.

In reviewing the interviewing performance for the lower age group, (18-23 year olds), it is noted that members of either group also demonstrated a progression in interviewing skills after working in their job specialty for two months following graduation. The field placement group (N=6) achieved a mean interviewing score of 3.3 on the final interview examination, whereas the following two months of working in their assignments, they received a mean interviewing score of 2.0. Their counterparts in the role playing group (N=4) achieved a mean interviewing score of 2.1 on the interviewing examination and a 1.8 after two months of actual job performance. The female graduates cannot be compared since data pertaining to former female members of the role playing group was not received from the field.

The females (N=2) who were members of the field placement group as students, obtained an interviewing score of 3.5 on the final examination compared to a 1.4 after working on the job for two months. It must be mentioned that both females in this category were reservists at the time this study was conducted and are not performing duties as behavioral science specialists on a daily basis.

In examining the racial composition of both groups, it is noted that minority members who were part of the placement group (N=4) had a mean interviewing score of 3.0 on the interviewing examination compared to 1.2 on the job rating. While this signifies a marked improvement, their counterparts in the role playing group (N=4) did not show any change in performance after two months of working as behavioral science specialists. This particular group had a mean interviewing score of 2.0 on the job as well as on the final interview examination.

Educational levels for both groups were also examined. Graduates possessing a high school diploma and were former members of the role playing group (N=2) achieved identical scores of 1.5 on both the interviewing final examination and on the job, whereas graduates of the field placement group possessing a high school diploma (N=5) had a mean interviewing score of 3.2 prior to graduation and 2.2 for job performance interviewing rating, signifying an improvement.

Individuals possessing one or more years of college regardless of group membership as students showed similar examination and job performance scores. Students with college experience in the field placement group (N=4) had a mean interviewing score on the final examination of 2.7 and 1.05 on the

job, while graduates with college experience who were members of the role playing group (N=4) achieved a mean interviewing score of 2.5 on the final interviewing examination and 1.7 on the job.

There was only one individual without a high school diploma in the follow-up study in which data was received. This individual's interviewing score also modestly improved after two months of working as a behavioral science specialist. This graduate as a member of the field placement group achieved a mean interviewing score of 3.0 on the final examination compared to a 2.6 rating on the job.

Based on the above findings, it appears that the interviewing performance of mental health paraprofessionals considerably improves once they complete training and are assigned to mental health facilities fo perform duties as behavioral science specialists, regardless of the training model (simulations or field placement) utilized in training interviewers in the behavioral science specialist course.

This improvement seems to result from good supervision coupled with an effective in-service training program provided by agency professionals and supervisors. This finding appears to be supported by some research (Sturges 1973; Nolan and Cooke 1970) and contradicted by other research (Meyer 1978; Conter 1978; Hasse and DiMattia 1970).

Since the literature is scarce on follow-up studies pertaining to the interviewing proficiency of mental health paraprofessionals, there is a great need for more objective evaluations concerning the mental health paraprofessionals' post-training performance and access to supervision.

TABLE 1: GROUP CHARACTERISTICS

	PLACEMENT GROUP (n=20)	ROLE PLAYING GROUP (n=18)
Mean Educational Level	12.4	12.7
Non High School Graduates	3	3
Males	18	16
Females	2	2
Mean Age	24	24
Minorities	8	6
Caucasians	12	12
Mean Interviewing Score[a]	2.5	2.83
Mean Crucial Examination Score	84.5	83.5
Rank Distribution:		
E-7	2	1
E-6	0	0
E-5	3	3
E-4	4	4
E-3	2	0
E-2	3	3
E-1	6	7

[a]Mean Interviewing Score is derived from a rating scale of one through five with one being the highest score and five the lowest. Refer to Appendix B for further details.

TABLE 2: GROUP CHARACTERISTICS (Follow-up Study)

	PLACEMENT GROUP (N=9)	ROLE PLAYING GROUP (N=7)
Response Rate	45%	39%
Mean Educational Level	12.7	13.0
Non High School Graduates	1	NR*
Males	7	7
Females	2	NR
Mean Age	22 yrs.	23 yrs.
Caucasians	5	4
Minorities	4	3
Mean Final Interviewing Examination Score	3.0	2.2
Mean Job Performance Rating	1.7	1.8

Note: NR means no response received from the field.

APPENDIX A

Operational Procedures Utilized in Pilot Study

Each student in the "Placement Group" was assigned to a selected military or civilian social service agency. Examples of such agencies include a community mental health clinic, inpatient and outpatient social work services in a hospital, a child guidance clinic, and an adolescent residential treatment center. At these agencies, students were exposed to such activities as conducting intake interviews and counseling sessions, participating in group therapy sessions, administering and scoring psychological tests, and participating in staff meetings - all under the close supervision of agency personnel. Students reported that they averaged three intake interviews per day (either observed or conducted) while on assignment during their field placement experience.

Student performance for the placement group was evaluated by agency personnel using the Student Evaluation Forms as provided by the Academy of Health Sciences. Students were evaluated strictly on a Pass-Fail basis in such areas as their ability to interact with staff, motivation, assumption of appropriate responsibilities and role behaviors, interaction with clients and report writing. Although students were subject to being

dropped from the course for failure to demonstrate beginning level interviewing skills and appropriate behaviors, no students were dropped for poor performance during this experiment. However it must be mentioned that two students were given unsatisfactory ratings by agency supervisors.

While the placement group was assigned to selected military and civilian agencies that provided maximum opportunity for conducting intake interviews in a "real" environment, the training for the role playing group was conducted at the Academy of Health Sciences.

During their two weeks of intensive interviewing training, students in this group were trained through the following mode of instructions: lectures, demonstrations, films, practical interviewing exercises, and the use of video taping.

In describing the operational procedures employed for this group, it is noted that on the first morning of training, the "role players" were randomly assigned to sub-groups. There were three sub-groups of four students and two sub-groups of three students with each sub-group having one faculty member as a supervisor. Faculty members were assigned to sub-groups on a rotating basis during the two weeks of training.

During the first morning of training, students in each sub-group role played a particular situation in which one student would "act" as a client presenting a problem, while another would portray the role of a mental health paraprofessional tasked with conducting an intake interview in a simulated clinical

setting. The remaining students were observers and the faculty member critiqued the interview.

During the simulated interview, the student interviewer was rated on such interviewing skills as establishing rapport, defining the problem, determining the effect of the problem on the client and significant others, exploration of relevant background information and his ability to make an appropriate disposition. In addition, questioning techniques, attending behaviors, and other interviewing techniques were evaluated--all using a standard five-point scale with one (1) being the highest rating possible and five (5) being the lowest possible rating. Immediately following the interview, the faculty member provided a critique of the interview, stressing both the interviewer's strengths and weaknesses. At the completion of this procedure, students would then rotate roles until each had the opportunity of performing both client and interviewer roles.

After all students had completed both client and interviewer roles, each student was required to produce a write-up of the interview he conducted. Each student had to satisfactorily complete a specified sequence of information prior to proceeding with the write-up. Following the completion of each step, a faculty member would review and discuss the write-up with the student. The steps required, in sequence, were: identification data, reason for referral, statement of problem, background information, mental status exam, interviewer's impression, and

disposition. The faculty member determined whether the write-up accurately reflected the content of the interview.

On the following morning, the simulated cases and the write-ups of the previous day were used in staffing and supervision exercises. These exercises were developed for the purpose of acquainting the student with supervisory processes.

During the afternoon of the second day of interviewing training, students received a lecture from faculty members regarding the type of client problem that was presented in the previous day's simulated interviewing exercise. The objective of this lecture was to help students in comprehending the dynamics of their previous interview. In addition to the lecture, a video tape of a similar case was shown to the students (provided one was available) for review and further assistance.

Following the lecture and video tape, students then witnessed staff members demonstrating an interview using the same presenting problem. It is mentioned that, for the purposes of this experiment, the types of problems presented in the interviews were confined to depression, marital dysfunctions, financial difficulties, adjustment reactions, and drug/alcohol abuse. Following the above procedures, each student conducted approximately five intake interviews during the two weeks of the experiment.

APPENDIX B

17 February 1978

Dear Supervisor:

The following Behavioral Science Specialist has been identified as being under your supervision:

RANK _____ NAME _____

This individual was a participant in an educational evaluation research program while in student status in the Behavioral Science Specialist Course at the Academy of Health Sciences, Fort Sam Houston, Texas. During this time, training and interviewing skills were carefully monitored. The final measurement of education, however, must be the student's ability or inability to perform in an actual working environment. Therefore, I am seeking your assistance as I follow through with this research. More detailed instructions follow. Please keep in mind that the data being requested will be used solely for the purpose of evaluating educational training methods and will in no way affect the individual's career or future duty assignments.

I ask that you, or a designated officer or NCO, complete the enclosed Personal Data Section and Interviewing Evaluation Instrument. The results of this study will be available to you, upon request, after 1 June 1978. Please indicate on Page 2 if you desire this information.

Your cooperation may be of benefit in improving 91G training. In order to utilize this information, we must have your reply no later than 20 March 1978. Thank you for your cooperation.

Sincerely yours,

SSG JOSEPH DI PAOLO

APPENDIX C

PERSONAL DATA: (To be completed by evaluator)

Please provide the following personal information about yourself. You need not include name or social security number. All information will be handled privately for the purposes of this research.

RANK_____ MOS_____

CURRENT DUTY POSITION_____

REQUEST FOR RESEARCH RESULTS:

Please send additional information on this research after 1 June 1978 to:

NAME: ADDRESS:

NOTE: PLEASE RETURN THIS PAGE IN THE ENCLOSED SELF-ADDRESSED ENVELOPE.

APPENDIX D

INTERVIEWING EVALUATION FORM

METHOD OF EVALUATION _____ Rated Individual

Please Check One ( ) Personal Evaluation of Interview

( ) Other (please explain)

1. CONTENT AREA

A. OPENING PHASE: Circle one 1 2 3 4 5 (1-EXC, 5=POOR)

Introduction of self

Explanation of role

Rapport (attempt)

B. MIDDLE PHASE:

(1) EXPLORATION OF PROBLEM: Circle one 1 2 3 4 5

Defined problem

Client's attitude toward problem

Effect of problem on client (physically, socially, emotionally)

Effect of problem on significant other (if known)

Determined time of onset of problem

Previous attempts to resolve problem

(2) EXPLORATION OF BACKGROUND: Circle one 1 2 3 4 5

Family History

Educational History

Employment History

Military History

Marital History

Medical History

Sexual History

Police History

Alcohol/Drug History

INTERVIEWING EVALUATION FORM (Continued)

C. CLOSING PHASE: Circle one 1 2 3 4 5

Summary

Client involvement in decision-making process

Appropriate disposition

2. SKILL AREA

A. INTERVIEWING TECHNIQUES: Circle one 1 2 3 4 5

Reflections (feeling)

Paraphrasing (content)

Pick up on verbal cues

Pick up on non-verbal cues

Transitions

B. QUESTIONING TECHNIQUES: Circle one 1 2 3 4 5

Use of open invitations to talk (statements, questions, commands)

Use of open-ended questions

Use of closed-ended questions

Use of single questions

Use of clear, simple questions

Appropriateness of questions (direction)

C. ATTENDING BEHAVIORS: Circle one 1 2 3 4 5

Eye contact

Posture

Verbal following

Distracting mannerisms

INTERVIEW EVALUATION - CRITICAL ITEMS

CONTENT:

1. Did the interviewer find out what the client's problem was? (YES) (NO)
2. Was the relevant information obtained? (YES) (NO)
3. Was the background information of adequate depth for understanding the client's problem? (YES) (NO)
4. Was the client involved in the decision-making process? (YES) (NO)
5. Was an appropriate disposition made? (YES) (NO)

SKILL:

6. Did the Behavioral Science Specialist demonstrate a knowledge of basic interviewing skills and techniques? (YES) (NO)

COMMENTS:

APPENDIX E

DIRECTIONS FOR COMPLETING INTERVIEWING EVALUATION FORM

Preferably, observe one intake interview conducted by the Behavioral Science Specialist identified in the Interview Evaluation Form. If another method of completing evaluation instrument is used, please indicate this in the space provided on the evaluation instrument.

Using the five-point scale on the evaluation form with one (1) being the highest possible rating and five (5) being the lowest possible rating, rate (by circling the appropriate number) the Behavioral Science Specialist's interviewing proficiency in the Opening, Middle, and Closing phases of the interview. For example, in the Opening Phase of the interview, rate the interviewer's ability to successfully introduce himself, explain his role, and establish rapport with the client. Follow the same procedure for the two remaining phases. Please note that in the section entitled "Exploration of Background," you should evaluate the individual on his ability to gather relevant information--whether or not all areas may be covered, depends on the client's situation. In addition, utilizing the same procedures, evaluate the Behavioral Science Specialist's Interviewing Techniques, Questioning Techniques, and Attending Behaviors.

After rating the appropriate areas, answer the six questions under the heading of "Interview Evaluation." Please circle the appropriate response following each question. When you have completed the evaluation form, please place it (to include Page 2) in the self-addressed envelope and mail immediately.

Should you wish to make any comments regarding this evaluation form or address any area not covered in the evaluation instrument, please feel free to do so in the space provided on the Evaluation Form or on a separate sheet of paper.

REFERENCE NOTES

1. The Academy of Health Sciences, until 1973, was formally known as the Medical Field Service School.

2. Behavioral Science Specialist is the current title used by the Department of the Army. Former titles have been Social Work Technician, Psychology Technician, and Social Work/Psychology Specialist.

3. Di Paolo, J. Interviewing Skills and Field Placement Training of the U.S. Army Mental Health Paraprofessionals. Unpublished manuscript, 1977. Stimson Library, Academy of Health Sciences, Fort Sam Houston, Texas. Paper was also presented at the U.S. Army Social Work Symposium, San Antonio, Texas, March 1978.

4. The Behavioral Science Specialist Course is the official Army title of the ten week course that behavioral science students attend.

5. The Social Work/Psychology Branch of the Behavioral Science Division, Academy of Health Sciences, is the teaching branch responsible for training the behavioral science students.

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